Exhibit 1

UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

IN RE: NATIONAL PRESCRIPTION OPIATE LITIGATION	)	MDL No. 2804
	)	Case No. 1:17-MD-2804
THIS DOCUMENT RELATES TO ALL CASES	)	Hon. Dan A. Polster

Saturday, May 4, 2019

HIGHLY CONFIDENTIAL - SUBJECT TO FURTHER CONFIDENTIALITY REVIEW

Videotaped Deposition of MEREDITH B. ROSENTHAL, Ph.D., held at Robins Kaplan LLP, 800 Boylston Street, Suite 2500, Boston, Massachusetts, commencing at 8:04 a.m., on the above date, before Michael E. Miller, Fellow of the Academy of Professional Reporters, Registered Diplomate Reporter, Certified Realtime Reporter and Notary Public.

GOLKOW LITIGATION SERVICES
877.370.3377 ph | fax 917.591.5672
deps@golkow.com

that there's variation in the way manufacturers detail, the specific details may generate more prescriptions or fewer, and my model captures the average effect. That's what the coefficients basically tell us is the average effects.

So there may be variation in there, but for the purposes of calculating aggregate impact, the average is appropriate.

Q. So for manufacturers who have detailing that's below average, they're being brought up to the average by the way you've aggregated the model in terms of causation?

A. Well, by definition, an average will be not the same as all the individual components unless there's no variation, and so there will be some who are brought up and some who are brought down.

It's my belief, as we talked about before, that this aggregate model is the most reliable model; because there's substantial spillover effects, because there can be noise in the data when we try to disaggregate it too much. I think for that reason, the aggregate model is preferable.

Q. You know, though, that not every manufacturer markets products the same way?

A. I guess -- I'm not exactly sure how to answer that question. As we've talked about before, I am not a pharmaceutical marketing expert. I leave that to Dr. Perri. I think it's reasonable to assume that there is some variation in tactics and the like across manufacturers and perhaps across products.

Q. Well, let's look at one thing you do talk about. So there's a difference in the way promotion is engaged in by brand companies and marketing may be engaged in by generic companies, correct?

A. Yes, brand companies are primarily the ones that engage in marketing.

Q. A generic company might still detail but may just talk about price and formulary status?

MR. SOBOL: Objection.

A. Generally, manufacturers will not detail physicians for generics. They may have other sales force activities that they

do that relate to price, but individual physicians are not generally making a decision about one generic versus the other. That decision happens at the pharmacy.

BY MR. ROTH:

Q. But Attachment C contains a slew of generics on that list?

A. That's correct. Some of them have contacts related to them. Some of them don't. Some of those contacts relate to marketing agreements that are really for brand drugs.

Q. So how do you square your testimony a minute ago that generics generally don't detail with the fact that you have a lot of promotional contacts in your model for generic drugs?

MR. SOBOL: Objection.

A. I believe I just squared it. I think a lot of those contacts relate to marketing agreements.

BY MR. ROTH:

Q. And so if there's marketing under a marketing agreement, that gets attributed to the generic drug, even though

it may be different in kind than a branded drug promotional visit?

MR. SOBOL: Objection.

A. No. The marketing of a particular drug is identified, and if the drug is sold by a defendant manufacturer, even if it's detailed by a different manufacturer, that gets counted in my model. And then in Table 3, I take out those marketing agreement related drugs.

So -- so it's -- the marketing is associated with -- I mean, I look at aggregate marketing, so it's all in the aggregate marketing. But I do have a mechanism for pulling out marketing that's for someone else's drug.

BY MR. ROTH:

Q. So if that's the mechanism you're using, how are any of these detailing contacts being attributed to generic drugs in your model?

MR. SOBOL: Objection.

A. I think you misunderstand the nature of the model. The model uses aggregate MMEs and aggregate detailing, so

CERTIFICATE

I, MICHAEL E. MILLER, Fellow of the Academy of Professional Reporters, Registered Diplomate Reporter, Certified Realtime Reporter, Certified Court Reporter and Notary Public, do hereby certify that prior to the commencement of the examination, MEREDITH B. ROSENTHAL, Ph.D. was duly sworn by me to testify to the truth, the whole truth and nothing but the truth.

I DO FURTHER CERTIFY that the foregoing is a verbatim transcript of the testimony as taken stenographically by and before me at the time, place and on the date hereinbefore set forth, to the best of my ability.

I DO FURTHER CERTIFY that pursuant to FRCP Rule 30, signature of the witness was not requested by the witness or other party before the conclusion of the deposition.

I DO FURTHER CERTIFY that I am neither a relative nor employee nor attorney nor counsel of any of the parties to this action, and that I am neither a relative nor employee of such attorney or counsel, and that I am not financially interested in the action.

MICHAEL E. MILLER, FAPR, RDR, CRR
Fellow of the Academy of Professional Reporters
NCRA Registered Diplomate Reporter
NCRA Certified Realtime Reporter
Certified Court Reporter

Notary Public
My Commission Expires: 7/9/2020
Dated: May 6, 2019